

Reduced Hospitalizations in T2D

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Background

The rising prevalence of diabetes in the United States is contributing to substantially increasing healthcare resource utilization

Aim

To investigate the real-world impact of CGM on health care resource utilization in people with T2D over a 6- and 12-month period

Study Design

US retrospective study

Primary Outcomes

- Change in all-cause hospitalizations (ACH)
- Change in acute diabetes-related hospitalizations (ADH)
- Change in acute diabetes emergency room visits (ADER)

Study Population

Participants: (n=74,679)



T2D (all treatment regimens)

NIT (n=25,269)

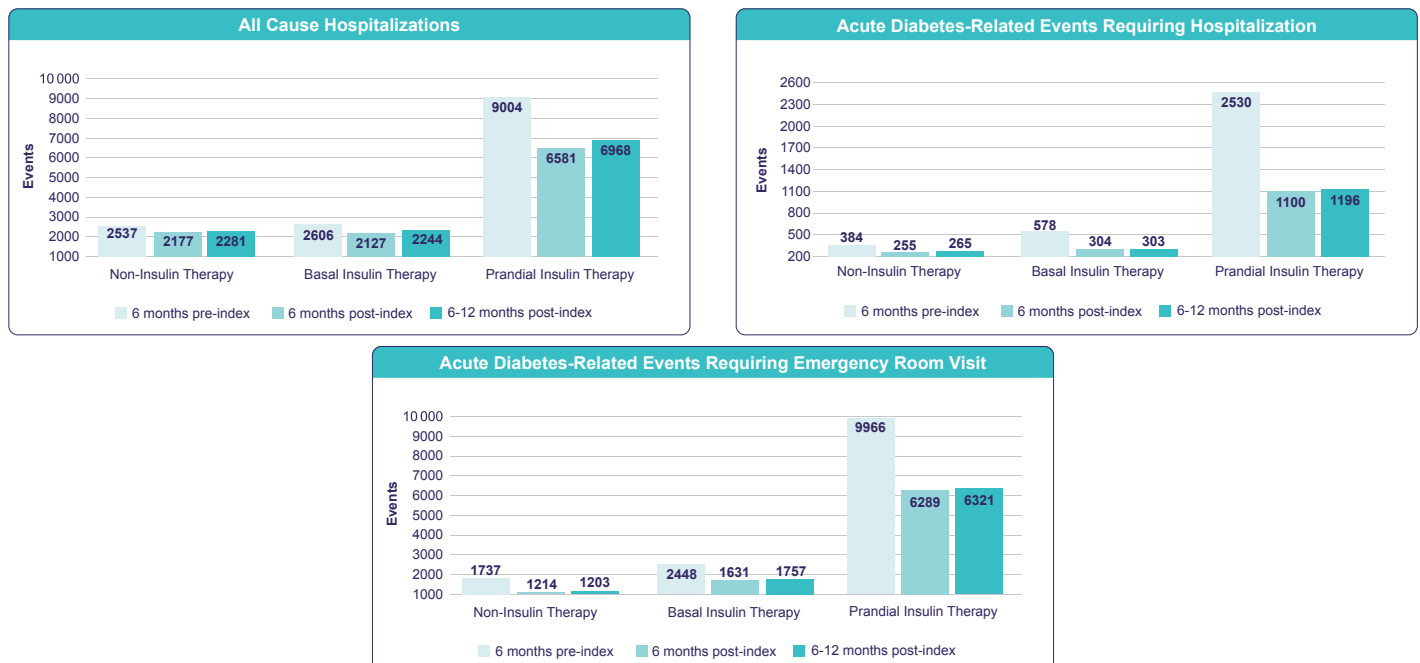
BIT (n=16,264)

PIT (n=33,146)

Results

CGM in people with T2D reduces ACH, ADH, and ADER at 6 and 12 months

Figure 1. Change in Event Rates for ACH, ADE, and ADER



Subanalysis

Study Population

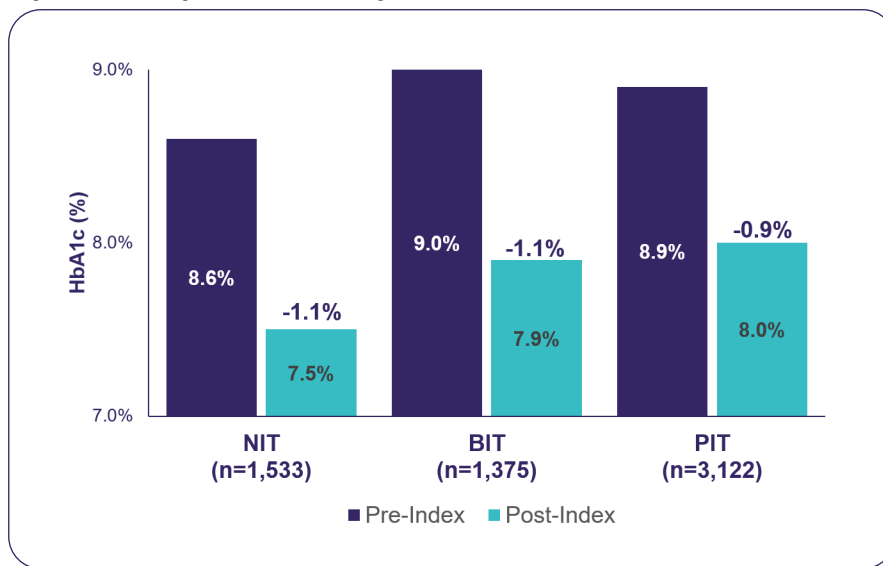
Participants: (n=6,030)

T2D (all treatment regimens) ——— NIT (n=1,533) BIT (n=1,375) PIT (n=3,122)

Results

At 12 months, the mean change in A1c was >1% in people with T2D NIT and BIT

Figure 2. A1c Change from Baseline During the Post-Index Period



Key Takeaways for Managed Care Decision Makers

- ✓ CGM use in people with T2D reduces all-cause hospitalizations, acute diabetes-related hospitalizations, and emergency room visits at 6 and 12 months, regardless of therapy regimen.
- ✓ CGM is also linked to a **0.9% decrease in A1c** at 12 months across all T2D treatment regimens, with the greatest reduction in A1c in the T2D NIT and BIT population.
- ✓ This evidence supports a population-wide approach to coverage and access for all individuals with T2D.